

<i>SERFF Tracking Number:</i>	<i>REGU-125842119</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arch Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ARCH-08-221</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption - NCCI Item B-1411/ARCH-08-221</i>		

Filing at a Glance

Company: Arch Insurance Company	SERFF Tr Num: REGU-125842119	State: Arkansas
Product Name: Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
TOI: 16.0 Workers Compensation	Co Tr Num: ARCH-08-221	State Status: Fees verified and received
Sub-TOI: 16.0004 Standard WC		
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Kelly Gunning	Disposition Date: 10/03/2008
	Date Submitted: 10/02/2008	Disposition Status: Approved
Effective Date Requested (New): 04/01/2009		Effective Date (New): 04/01/2009
Effective Date Requested (Renewal): 04/01/2009		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Adoption - NCCI Item B-1411	Status of Filing in Domicile: Not Filed
Project Number: ARCH-08-221	Domicile Status Comments:
Reference Organization: National Council on Compensation Insurance (NCCI)	Reference Number: NCCI Item B-1411
Reference Title: Arkansas-Item B-1411-Revision to Basic Manual Introduction-Application of Manual Rules and Part Two-Classifications	Advisory Org. Circular: AR-2008-08
Filing Status Changed: 10/03/2008	
State Status Changed: 10/03/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Arch Insurance Company (AIC), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt revisions to NCCI's Basic Manual Introduction and Classifications that have been filed and approved in Arkansas. These changes are contained in NCCI Approval Circular AR-2008-08.	

All other rules and rating plans filed by AIC will remain unchanged.

SERFF Tracking Number:	REGU-125842119	State:	Arkansas
Filing Company:	Arch Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	ARCH-08-221		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Adoption - NCCI Item B-1411/ARCH-08-221		

Enclosed for your review are the following:

1. State Required Filing Forms

- Property & Casualty Transmittal Form
- Rate/Rule Transmittal Form

We ask that the NCCI rules referenced above become effective for all policies effective on or after April 1, 2009.

An EFT in the amount of \$50.00 has been initiated within SERFF to cover the required filing fee.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Kelly Gunning,	kellygunning@ircllc.com
Insurance Regulatory Consultants, LLC	(212) 571-3989 [Phone]
New York, NY 10004	

Filing Company Information

Arch Insurance Company	CoCode: 11150	State of Domicile: Missouri
One Liberty Plaza	Group Code: 1279	Company Type: P&C
53rd Floor		
New York, NY 10006	Group Name: Arch Capital	State ID Number:
(212) 651-9863 ext. [Phone]	FEIN Number: 43-0990710	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 for Adoption of NCCI Rules.
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$50.00	10/02/2008	22885099

<i>SERFF Tracking Number:</i>	<i>REGU-125842119</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/03/2008	10/03/2008

<i>SERFF Tracking Number:</i>	<i>REGU-125842119</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 10/03/2008

Effective Date (New): 04/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	REGU-125842119	State:	Arkansas
Filing Company:	Arch Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	ARCH-08-221		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Adoption - NCCI Item B-1411/ARCH-08-221		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Filing Authorization Letter	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>REGU-125842119</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125842119 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ARCH-08-221
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adoption - NCCI Item B-1411/ARCH-08-221

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/03/2008

Comments:

Attachment:

AR NAIC Trans & RRS Item B-1411.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 10/03/2008

Bypass Reason: This filing is a rules only filing and is not adopting NCCI loss costs. This is for the adoption of NCCI Basic Manual Classifications and Rules that have been filed and approved in Arkansas.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 10/03/2008

Bypass Reason: This filing is a rules only filing and is not adopting NCCI loss costs. This is for the adoption of NCCI Basic Manual Classifications and Rules that have been filed and approved in Arkansas.

Comments:

Satisfied -Name: Filing Authorization Letter **Review Status:** Approved 10/03/2008

Comments:

Attachment:

Reference Filing Auth.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Arch Insurance Group	1279

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Arch Insurance Company	MO	11150	43-0990710	

5. Company Tracking Number	ARCH-08-221
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kelly Gunning Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Analyst, IRC	(212) 571-3989	(212) 571-2502	kellygunning@ircllc.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Kelly Gunning

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 4/1/2009 Renewal: 4/1/2009
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	National Council on Compensation Insurance
17. Reference Organization # & Title	AR-2008-08
18. Company's Date of Filing	10/2/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # ARCH-08-221

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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1. State Required Filing Forms
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We ask that the NCCI rules referenced above become effective for all policies effective on or after April 1, 2009.

An EFT in the amount of \$50.00 has been initiated within SERFF to cover the required filing fee.

Thank you for your prompt review and consideration of this filing request.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: N/A - EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

ARCH INSURANCE COMPANY

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of Arch Insurance Company. This authorization extends to all correspondence regarding this filing.

Carol Kennedy

Name

October 2, 2008

Date

Vice President

Title

Arch Insurance Company

Company



Signature

(212) 651-9863

Telephone Number

**Re: Arch Insurance Company FEIN # 43-0990710
NAIC Number: 1279-11150
Adoption of NCCI Workers Compensation Rules
NCCI Circular AR-2008-08 – Item B-1411**